

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Globe
District of Globe
Town of _____
or _____
City of 66 Ranch - 4 miles south of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164
County Registrar No. _____
Local Registrar No. 198

2. Full name of child Mercedes Aguilera
3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 9-24-26 Month day year

FATHER
Full name Antonio Aguilera
9. Residence 66 Ranch, Globe
(Usual place of abode)
If nonresident, give place and state _____
10. Color or race Mex
11. Age at last birthday 51 (Years)
12. Birthplace (city or place) Sinaloa
(State or country) Mexico
13. Occupation Woodchopper
Nature of industry _____

MOTHER
Full maiden name Apolonia Pulido
15. Residence 66 Ranch 4 miles south of Globe
(Usual place of abode)
If nonresident, give place and state _____
16. Color or race Mex
17. Age at last birthday 38 (Years)
18. Birthplace (city or place) Mexico
(State or country) _____
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 4 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m., on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report _____
Month, day, year _____

Signature _____

Address _____

Filed _____

Filed _____

19 _____

19 _____

(Physician or midwife)

Local Registrar.

County Registrar.

Registrar.

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